



## INSTRUCTIONS FOR COVID-19 C4R WAVE 3 INTERVIEW WITH PARTICIPANTS (11/27/2023) (CV3P, Version 1.0, 11/27/2023)

### I. General Instructions

For majority of study participants, this form is completed during the Annual or Semi-Annual Follow-up for all interviews with the study participant. It can also be completed outside of a follow-up interview; that is at the field center's discretion. The Annual or Semi-Annual follow-up interview is conducted first, followed by the CV3P interview, which is designed to collect data on testing, diagnosis, and symptoms associated with COVID-19 infection(s) caused by the SARS-CoV-2 virus.

For participants who did not provide consent for future COVID calls during the COVP or COVL interview (question 8 on the COVP/COVL is recorded as "No"), the COVID Wave 3 interview should not be administered to them. You will find red texts that read "COVID Wave 3 interview should NOT be administered" next to the participant ID field in the annual and semi-annual tracing sheets in CDART.

Please make sure that there is not already a CV3P form recorded in previous CYs in CDART, before proceeding to administer a CV3P questionnaire. When a form is started but the interview needs to be rescheduled, at the next encounter with the participant aimed at completing the form, the interviewer should go back to the original occurrence of the form and make updates to the same occurrence. Do not create a new occurrence of the form.

### II. Detailed Instructions for each Item.

0a. Enter the date on which the CV3P was administered.

0b. Enter the staff ID for the person who administered the CV3P.

0c. Record whether this form is completed during the Annual or Semi-Annual follow-up call. Select "Neither" if the questionnaire is being collected outside of a follow-up call.

If this form is administered as part of the AFU/sAFU, read the script: **"This next set of questions will help us learn more about your health during the COVID-19 pandemic. Your response is voluntary."**

If this form is administered separately from the AFU/sAFU, read the script: **"We are calling to ask about your health during the COVID-19 pandemic. Your response to these questions is voluntary."**

0e. Read the question as listed. If the participant answers "No", proceed to question 0f. If the participant answers "Yes", proceed to question 1.

0f. Read the question as listed. If the participant answers "No", save and close the form. If the participant answers "Yes", proceed to questions 0g.

0g. Read the question as listed and record the date provided by the participant.

Read the script: **“Thank you. I will call again.”** Save and close form.

1. If the participant answers “No” or “Do not know”, proceed to question 13.
2. It is OK if the participant does not recall exactly how many COVID-19 infections s/he has had. A best guess is sufficient.

2a. Record the number of COVID-19 infections if the participant states that s/he has been infected more than 3 times.

3. This question pertains to a COVID-19 related hospitalization, not a hospitalization during the COVID-19 pandemic for another reason.

Read the script **“The following questions refer to your most recent COVID-19 infection.”**

4. This question pertains to the time of the most recent COVID-19 infection. Please record the month and year only.
5. If the participant answers “No”, proceed to question 7. If the participant does not recall having a test or is unsure of the purpose of any tests received, proceed to question 7.
6. The COVID-19 test could have been one that is self-administered or one that the participant had at a doctor’s office or a test site.
7. Possible COVID-19 symptoms may include fever, cough, sore throat, loss of the sense of smell or taste, chills, shortness of breath, headache, muscle or body aches. If the participant responds “No”, proceed to question 10.
8. Read all response categories and repeat as needed for the participant.
9. It is not necessary for the participant to recall the name of the prescribed medication. Prescribed medications can include Antiviral pill, such as Paxlovid, Monoclonal antibodies, Oral steroids, such as dexamethasone, prednisone, or prednisolone, or Antibiotics, such as a “Z-pak”.
10. Full recovery from COVID-19 may be very subjective. If the participant answers “No”, proceed to question 13. If the participant is not sure and answers “I don’t know”, record this as a “No” response and proceed to question 13.
11. Ask the participant to provide a best guess estimate.
12. Most people with long COVID have symptoms of the COVID-19 infection which can persist for weeks and months. Following is the list of long COVID symptoms obtained from the Centers for Disease Control and Prevention:

General symptoms (please note that this is not a comprehensive list)

- Tiredness or fatigue that interferes with daily life
- Symptoms that get worse after physical or mental effort (also known as “post-exertional malaise”)
- Fever

Respiratory and heart symptoms

- Difficulty breathing or shortness of breath
- Cough
- Chest pain
- Fast-beating or pounding heart (also known as heart palpitations)

Neurological symptoms

- Difficulty thinking or concentrating (sometimes referred to as “brain fog”)
- Headache
- Sleep problems
- Dizziness when you stand up (lightheadedness)
- Pins-and-needles feelings
- Change in smell or taste
- Depression or anxiety

Digestive symptoms

- Diarrhea
- Stomach pain

Other symptoms

- Joint or muscle pain
- Rash

In this population of older adults, it may be difficult to distinguish between symptoms of long COVID and other disease symptoms. Please check “Yes” if the participant reports (unprompted) any of the listed above symptoms.

13. If the participant answers “No” or “Do not know”, proceed to question 16.

14. Participants may want to consult their COVID-19 vaccination card to recall the number of vaccine shots they received.

14a. Record a number if the participant states that s/he received more than 5 vaccine shots.

15. Allow the participant to provide their best guess estimate of the month and year of the last shot. For this they may also consult their COVID-19 vaccination card.

16. Fatigue can be described as a condition of extreme tiredness that results in an inability to function. Symptoms of fatigue may include chronic tiredness or sleepiness, headache, dizziness, sore and aching muscles, muscle weakness, slow reflexes, impaired decision-making, moodiness. A sense of fatigue is relative and will be specific to the person responding and additional probing may be necessary. For reference: please mark “moderate” if a person states that they are “somewhat fatigued” and “very severe” if a person states that they are “very fatigued”. Please note that the time frame for this question is 7 days.

17. The question pertains to pain of any origin. Please note that the time frame for this question is 7 days. The pain can be persistent over the past 7 days or intermittent.

18. Read all response categories to the participant, repeating as needed. Mental health refers to emotional, psychological and social wellbeing.

19. Please note that the time frame for this question is one month.

20. Please note that the time frame for this question is one month.

Read the closing script: **“Thank you very much for contributing for the past 30 years to the ARIC study and its mission of ‘Research with Heart!’”**